

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09804912	FILING DATE 03-15-01					
							APPLICANT(S)						
03/15/05							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		*				
2		/		/			52						
3		/		/			53						
4		/		/			54						
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6	/		/				56						
7		/		/			57						
8		/		/			58						
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11		/		/			61						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	1	5	1			TOTAL IND.		1		1		1
TOTAL DEP.	10		29				TOTAL DEP.						
TOTAL CLAIMS	12		34				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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